

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

122114

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	2					
5	2					
6	1					
7	1					
8	1					
9	1					
10	1					
11	1					
12	1					
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TOTAL IND.	2					
TOTAL DEP.	19	↔	↔	↔		
TOTAL CLAIMS	21	↔	↔	↔		

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.		↔	↔	↔		
TOTAL CLAIMS		↔	↔	↔		